			Jen J
REQUEST FOR	Application Number:	09/838,19	Confirmation Number: 1551
CONTINUED EXAMINATION (RCE)	Filing Date: April 20, 2001		
TRANSMITTAL	First Named Inventor: Jeremy P. CLIFFORD		
Address to: Mail Stop RCE	Group Art Unit: 3693		
Commissioner for Patents (SEP 1 7 2007)	Examiner: Jocelyn GREIMEL		
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number: 05793.3026-00000		
This is a Request for Continued Examination (RCE) und	Ler 37 C.F.R. § 1.114 o	f the abov	e-identified application.
Request for Continued Examination (RCE) practice under 37 to June 8, 1995, or to any design application.	7 C.F.R. § 1.114 does r	not apply to	o any utility or plant application filed prior
 Submission required under 37 C.F.R. § 1.114: <u>Note:</u> and amendments enclosed with the RCE will be ento otherwise. If applicant does not wish to have any prequest non-entry of such amendment. 	ered in the order in w	hich they	were filed unless applicant instructs
a. Previously submitted. If a final Office action is considered as a submission even if this box is	outstanding, any amer	ndments file	ed after the final Office action may be
i. Consider the arguments in the Ap	peal Brief or Reply Bri	ief previous	sly filed on
ii.			
b. DO NOT ENTER the amendment(s) previously	filed on	An altern	ate submission is attached.
c. 🛛 Enclosed submission:			
i. 🛛 Amendment/Reply	iii.		Information Disclosure Statement
ii. Affidavit(s)/Declarations	iv.		Other
. Miscellaneous			
 Suspension of action on the above-mentioned months. (Period of suspension shall not exceed 	application is requeste d 3 months: fee under	d under 37 37 C.F.R.	C.F.R. § 1.103(c) for a period o
b. Other			G Olk
 Fees a. ☐ The filing fee is calculated as follows: 			PTO did not receive d Item(s) 包 四半
i. S790.00 RCE fee, required under	37 C F R 8 1 17(a)		9
ii. Petition for extension of time for (• • • •	00	ू ज
iii.	,		TO did
b. \boxtimes Check in the amount of \$2,290.00 enclosed.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		To fair
c. ☐ The Commissioner is authorized to charge the credit any overpayments, to Deposit Account 0	required fees totaling 6-0916. to Deposit Acc	\$2,290.00 count 06-09	, or any deficiencies in the filing eeg, or
Signature of Applica	nt, Attorney, or Ag	ent Regu	irednnnı agaanıza acaaıc agazaıga
Name: Joseph E. Palys (571) 203-27		21 1 1 U L	
Signature:	Date: Septem		
Certificate			
	of Malling or Transmission	<u> </u>	

Date:

Name: Signature: